

GOVERNMENT OF GUAM DEPARTMENT OF PUBLIC HEALTH AND SOCIAL SERVICES DIVISION OF ENVIRONMENTAL HEALTH			BARBER AND BEAUTY SHOPS, SCHOOLS, AND THE PRACTICE OF BARBERING AND COSMETOLOGY INSPECTION REPORT 1 of 1				
INSPECTION Regular <input type="checkbox"/> Follow-Up <input checked="" type="checkbox"/> Complaint <input type="checkbox"/> Investigation <input type="checkbox"/> Other(Specify Below) <input type="checkbox"/>		GRADE <div style="font-size: 2em; text-align: center;">D/A</div>		Inspection Date 01/11/17 Time In/Out: 1:15 - 1:50 Sanitary Permit: No.: 160002141 Exp.: 06/30/17		ESTABLISHMENT NAME: HAIR CITY OWNER/OPERATOR: BIAN, FENG ZHE LOCATION: LOT 5017-3 #1939 ARMY DRIVE, STE 104, HARMON ESTABLISHMENT TYPE: BEAUTY SALON	
The following items identify violations found this day in the operations and facilities which must be corrected by the next inspection, or sooner as the Department indicates. Non-compliance may result in downgrading or permit suspension. To appeal, a written hearing request must be submitted before the indicated correction date.							
ITEM NO.*	REMARKS					DEMERITS	
19	A FOLLOW-UP INSPECTION WAS CONDUCTED TODAY FOR PREVIOUS INSPECTION DATED 12/27/16 WHICH RESULTED IN A GRADE/RATING OF 40/C. ALL PREVIOUS VIOLATIONS OF ITEMS # 4, 8, 14, 17, 21, 25, 26, 29, 30, 36, 43, AND 44 WERE CORRECTED, AND THE FOLLOWING WERE OBSERVED:					COS	
	STANDARD MEASURING CUP NOT USED TO MIX THE SANITIZING SOLUTION.						
	MEASURING CUP MUST BE USED TO PROPERLY DILUTE SANITIZER.						
	CORRECTIVE ACTION: MEASURING CUP WAS PROVIDED AND USED TO RE-FILL ALL SANITIZING SOLUTION CONTAINERS AS INSTRUCTED.						
	REMOVED "C" PLACARD NO. 0562.						
	ISSUED "A" PLACARD NO. 01822.						
	DISCUSSED THIS REPORT WITH OWNER, FENG ZHE BIAN.						
I HAVE READ AND UNDERSTAND THE ABOVE VIOLATION(S) AND I AM AWARE OF THE CORRECTIVE MEASURES TO BE TAKEN.							
*When any of the following items are cited above, they shall be corrected within ten (10) days of this inspection: (1), (2), (3), (7), (8), (17), (22), (24), (31), (43), and (45).			RECEIVED BY (Name & Title): BIAN FENG ZHE BIAN DEH INSPECTOR (Name & Title): LEILANI NAVARRO, EPHO I				
GEH-07 Rev: 10/98			WHITE COPY - Office YELLOW COPY - Establishment				

RE-INSPECTION REQUEST

TO: Bureau of Inspection and Enforcement, DEH, DPHSS
Facsimile No. (671) 734-5556 / 735-7221 (P)

FROM: HAIR CITY
ESTABLISHMENT NAME
FENG ZHE BIAN
OWNER/MANAGER

SUBJECT: Request for Re-Inspection

Our establishment was inspected on 12/27/16 by LEILANI NAVARRO, EPH I
Date Name of Environmental Public Health Officer

resulting a letter grade of 40/C. I have performed the following to correct the violation(s).

Item No.	Specific/Detailed Action(s) Taken Correcting the Violation(s)
4.	The hairstylist will wash and clean their hands with every customer.
8.	The sponges will be replaced with clean towel and use dryers instead.
14.	Clean towel and neck strip will be placed from now on.
17.	We have purchased sanitizing solutions for the equipments and clean them every time it has been used.
21.	The cabinets and tables and chairs will be cleaned with service in each customer.
25.	The sink has been cleaned so the grill and sponge is removed.

I am requesting a re-inspection of this establishment on _____ at _____ or at your earliest convenience.

If you should have any questions, please call me at _____. Thank You.

PRINT NAME SIGNATURE DATE